



TOWN OF ARLINGTON
DPW WATER & SEWER DEPT.

Please Note:
One Property Address
Per Form

WATER & SEWER BILLING
NAME AND MAILING ADDRESS CHANGE FORM

Date: _____

This change will be made for Water & Sewer Billing Only!:

Water & Sewer Account # _____ **Parcel ID:** _ _ _ . _ - _ _ _ - _ _ _ . _ _

☐ Check here if Property Address and Mailing Address are the same

Property Address: _____ Zip _____ Condo Unit #: _____

☐ Check here if Property Address and Mailing Address are different

New Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Provide information for Change of Ownership, Billing or Mailing Bill to Tenant(s), if applicable:

For Condominium shared water meter - Name of Trustee: _____

Mailing Address: _____

Prior Owner: _____

New Owner: _____

Date of Sale: _____

Tenant (s) Name (if applicable): _____

Owners/Landlords requesting billing to tenant must attach a copy of the signed approved MDPH-CSP Submetering Form with this request and comply with Mass. General Law 105 CMR 410.000. The original form must be filed with the Public Health Department. The owner is still responsible for timely payment.

Requested by: _____

Telephone: _____ Email: _____

Signature (owner or authorized agent): _____

This form is not acceptable without a signature, and the signature must be from an owner or an authorized agent. If you have any questions, please contact the DPW Water & Sewer Dept. at (781) 316-3102.

Please return completed, signed form to: DPWwaterbillquestions@town.arlington.ma.us or mail it to:
Water & Sewer Department, Department of Public Works, 51 Grove St., Arlington, MA 02476

FOR DPW WATER & SEWER DEPT. USE ONLY

Processed by: _____ Date: _____